

Work Order ID 92087-1

Tuesday, October 23, 2012 4:08:04 PM

92087

TULMAR Page 1

Item ID: PB67-43001-69

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Item Name: 90 Degree Cover Plate

Stop *NS2*

Start Date: 10/23/2012 Start Qty: 12.00

12

Required Date: 11/2/2012 Req'd Qty: 12.00

12

Cust Item ID:

Customer:

Reference:

Approvals: Process Plan: MLS

Date: 12-10-25 Tooling:

Date:

Run Start *NR1*

QC:

Date: SPC (Y/N):

Date:

Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

Draw Nbr

Revision Nbr

B67-43001-69

Rev D

100

0.00

100

FLOW WATER JET

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg B67-43001 Dwg Rev: D Prog Rev: D

6061 . 032

grain direction along 9.144" *2-Deburr if necessary

(12)

B12-10-31

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

(12)

B12-10-31

120

QC8- Inspect parts - second check

0.00

120

QC

Memo

0.00

Quality Control

DAS
15
2-83

12-10-31

12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | |
|-------------------|---|--|------------------------------------|--|--------------------------------------|
| Work Order: _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS | | | |
| Part No. _____ | | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> |
| NCR No. _____ | | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> |
| | | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|---|---|---|--|---|

Work Order ID 92087

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Page 2

Item ID: PB67-43001-69 Accept *N9000040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: 90 Degree Cover Plate
 Start Date: 10/23/2012 Start Qty: 12.00 *12* Cust Item ID:
 Required Date: 11/2/2012 Req'd Qty: 12.00 *12* Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130 | | 0.00 | | | | | | | |
| *130* | NC BRAKE | | | | | 12 | | | SP Nkolov |
| Brake NC | Memo | 0.00 | | | | | | | |
| Brake NC | Bend as per Dwg B67-43001 | | | | | | | | |
| 140 | | 0.00 | | | | | | | |
| *140* | QC5- Inspect part completeness to step on W/O | | | | | 12 | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |
| 150 | | 0.00 | | | | | | | |
| *150* | Large Fab | | | | | 12 | | | 12.11.08 |
| Large Fab | Memo | 0.00 | | | | | | | |
| Large Fab | Weld assembly as per dwg B67-43001 | | | | | | | | |

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | | | |
|---|--|--|---|--|--|---|--|--|--|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Work Order ID 92087

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Page 3

Item ID: PB67-43001-69

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: 90 Degree Cover Plate

Stop *NS2*

Start Date: 10/23/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

160

Small Fab

Small Fab

0.00

Memo

0.00

Small Fab

1- grind weld flush

12

4

12.11.08

170

170

QC

Quality Control

QC10- Inspect visual per QSI004- ground welds

0.00

Memo

0.00

(12)

12-11-9

DA
09
89

180

180

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

(12)

12-11-9

DA
09
89

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | | |
|---|--|--|---|--|--|---|--|--|--|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |

Work Order ID 92087

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Page 4

Item ID: PB67-43001-69

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: 90 Degree Cover Plate

Stop

NS2

Start Date: 10/23/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

Chemical Conversion Coat per QSI005 4.1

0.00

190

HandFinish

Memo

0.00

Hand Finishing

12 26 12-11-9

200

Green Sandtex(Ref:4.3.5.8) per QSI005 4.3

0.00

200

Powdercoat

Memo

0.00

Powder Coating

START TIME:

FINISH TIME:

OVEN TEMPERATURE:

210

QC3- Inspect Part Finish

0.00

210

QC

Memo

0.00

Quality Control

12 X 12/11/12

12 12-11-12

M18144

3200F

9-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | | |
|---|--|--|---|--|--|---|--|--|--|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Filled <input type="checkbox"/> Other |

Work Order ID 92087

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Item ID: PB67-43001-69 Accept *N9000040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: 90 Degree Cover Plate
 Start Date: 10/23/2012 Start Qty: 12.00 *12* Cust Item ID:
 Required Date: 11/2/2012 Req'd Qty: 12.00 *12* Customer:
 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start *NR1*
 QC: Date: SPC (Y/N): Date: Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 220 | PURCHASING | 0.00 | | | | | | | |
| *220* | | | | | | | | | |
| Purchasing | Memo | 0.00 | | | | | | | |
| Purchasing | SEND TO TALMAR FOR FOAM AND FABRIC | | | | | | | | |
| 230 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | |
| *230* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | | | | | | | | | |
| 240 | QC5- Inspect dimensions to drawing | 0.00 | | | | | | | |
| *240* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

P/O: 18393

OK 12/11/13 (12)

43/4/7 (10)

Smb
131.7

10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | |
|-------------------|---|--|------------------------------------|--|--------------------------------------|
| Work Order: _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS | | | |
| Part No. _____ | | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> |
| NCR No. _____ | | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> |
| | | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | | |
|---|---|--|---|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain | <input type="checkbox"/> Ovalized |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware | <input type="checkbox"/> Over/Under tolerance |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Part Incorrect |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Part Moved |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Positioned Wrong |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread | <input type="checkbox"/> Power Loss/Surge |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset | <input type="checkbox"/> Other |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration | |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence | |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions | |

Work Order ID 92087

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Item ID: PB67-43001-69

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Item Name: 90 Degree Cover Plate

Stop *NS2*

Start Date: 10/23/2012 Start Qty: 12.00

12

Cust Item ID:

Required Date: 11/2/2012 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

250

Identify as per dwg & Stock Location: ST

0.00

250

Packaging

Memo

0.00

Packaging

260

QC21- Final Inspection - Work Order Release

0.00

260

QC

Memo

0.00

Quality Control

43/11/F (10)

MLJ 13-01-08

WME
13-01-08

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | |
|-------------------|---|--|------------------------------------|--|--------------------------------------|
| Work Order: _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS | | | |
| Part No. _____ | | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> |
| NCR No. _____ | | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> |
| | | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

FAULT CATEGORY

| Landing Gear | General | | |
|---|---|--|---|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Bend | <input type="checkbox"/> Grain | <input type="checkbox"/> Ovalized |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Hardware | <input type="checkbox"/> Over/Under tolerance |
| <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete | <input type="checkbox"/> Part Incorrect |
| <input type="checkbox"/> Crushed/Crimped | <input type="checkbox"/> Burrs | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing |
| <input type="checkbox"/> Cuffs | <input type="checkbox"/> Contamination | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Part Moved |
| <input type="checkbox"/> Heat Treat | <input type="checkbox"/> Countersink | <input type="checkbox"/> Mislabelled | <input type="checkbox"/> Positioned Wrong |
| <input type="checkbox"/> Inspection Strip in Tube | <input type="checkbox"/> Cut Too Short | <input type="checkbox"/> Misread | <input type="checkbox"/> Power Loss/Surge |
| <input type="checkbox"/> Ripples in Bend | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Offset | <input type="checkbox"/> Pressure/Forced |
| <input type="checkbox"/> Torque Waves in Extrusion | <input type="checkbox"/> Drawing | <input type="checkbox"/> Out of Calibration | <input type="checkbox"/> Temperature/Cure |
| <input type="checkbox"/> Turning Sequence | <input type="checkbox"/> Finish | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Weld |
| <input type="checkbox"/> Wave/Twist in Tube | <input type="checkbox"/> Folio | <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Wrong Stock Pulled |
| | | | <input type="checkbox"/> Other |

Picklist Print

Tuesday, October 23, 2012 4:08:04 PM

Page 1
1

Work Order ID: 92087

Parent Item: PB67-43001-69

Parent Item Name: 90 Degree Cover Plate

Start Date: 10/23/2012

Required Date: 11/2/2012

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP Rev:A 08-06-20 new issue DD verified by:ec IPP Rev B 10.10.04 per revD
dwg EC verified by:DD

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|--------------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M6061T6S.032 6061-T6 Sheet 0.032" | | Purchased | No | | | 100 | sf | 733.2600 | 1.3556 | 17.123368 | 17.5 | B12-10-31 | |

Location

Loc Qty

Loc Code

MAT021

733.26

121099

85.97

122256

40.89

122737

30.1

123097

91.1

123135

62.5

123137

342.8

123293

79.9

123137

②

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

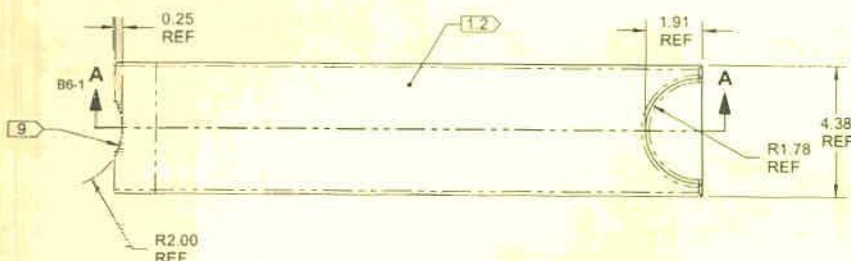
| | | | | | |
|-------------------|---|--|------------------------------------|--|--------------------------------------|
| Work Order: _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS | | | |
| Part No. _____ | | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> |
| NCR No. _____ | | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> |
| | | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|---------------|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data | | | | | | | | | |
| Equip/Tooling | | | | | | | | | |
| Operator | | | | | | | | | |
| Material | | | | | | | | | |
| Setup | | | | | | | | | |
| Other | | | | | | | | | |
| Process | | | | | | | | | |
| Supplier | | | | | | | | | |
| Training | | | | | | | | | |
| Unapproved | | | | | | | | | |

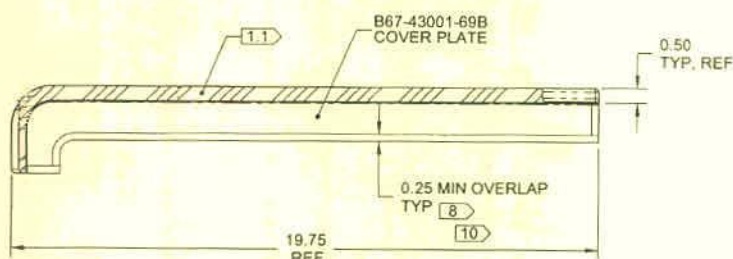
FAULT CATEGORY

| | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Benc <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|---|---|---|--|---|

| ITEM | QTY | P/N | DESCRIPTION |
|------|-----|---------------|--------------------------|
| 1 | X | B67-43001-69 | 90° COVER PLATE ASSEMBLY |
| 2 | 1 | B67-43001-69B | 90° COVER PLATE |
| 3 | A/R | 1673-001 | SEE NOTE 1.1 |
| 4 | A/R | 1495 | SEE NOTE 1.2 |
| 5 | A/R | LA4009 | SEE NOTE 1.3 |
| 6 | A/R | 2530 | SEE NOTE 1.4 |



B67-43001-69 COVER PLATE ASSEMBLY



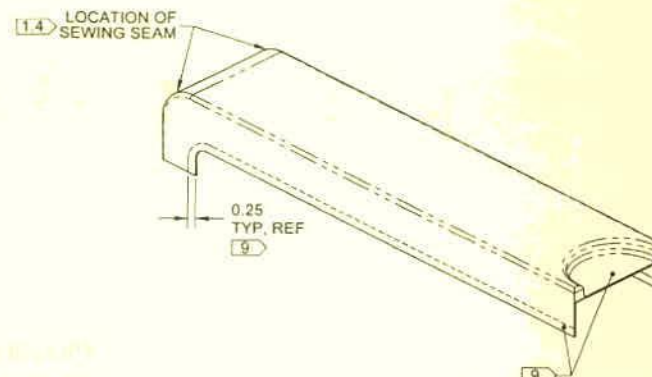
SECTION A-A D8-1

NOTES:

1) MATERIAL:

- 1.1) FOAM: ETHYLENE PROPYLENE NEOPRENE SBR CLOSED-CELL, FLAME RETARDANT, 0.50 THICK, PER ASTM D1056 2A2, SERVICE TEMP -40°F TO +200°F, COLOUR: BLACK, REF. TULMAR P/N 1637-001
- 1.2) FABRIC: 100% 42 DENIER NYLON, MIN THREAD COUNT 35X35, POLYURETHANE COATED ONE SIDE, COLOUR: BLACK, REF. TULMAR P/N 1495
- 1.3) ADHESIVE: URETHANE WITH CATALYST, TWO PART, CLIFTON LA4009
- 1.4) THREAD: NYLON, BLACK, V-T-295 TYPE 2, CLASS A, SIZE F, 8-10 STITCHES PER INCH, REF. TULMAR P/N 2530

- 2) FINISH: BOND NEOPRENE TO COVER PLATE USING ADHESIVE. COVER WITH DENIER AS SHOWN.
- 3) TOLERANCES: PER TABLE 1 (ZN A3-1) UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.75 lbs REF
- 8) DENIER NYLON TO BE BONDED ALL AROUND INNER SIDES OF PLATE
- 9) DENIER NYLON TO BE BONDED TO PLATE ON OUTER SIDES



RELEASED
2010-09-16

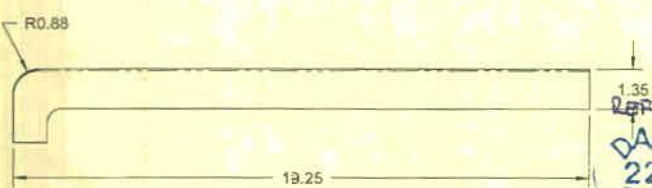
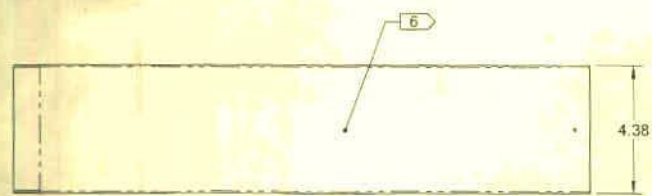
92087 MLS
12-10-25

TABLE 1

| TOLERANCES ON FABRIC (PARTS AND ASSEMBLIES) |
|---|
| ±1/8: DIMS <2 |
| ±1/4: DIMS 2 TO <10 |
| ±1/2: DIMS 10 TO <20 |
| ±5/8: DIMS 20 TO <40 |
| ±1 1/2: DIMS EQUAL TO OR > 40 |

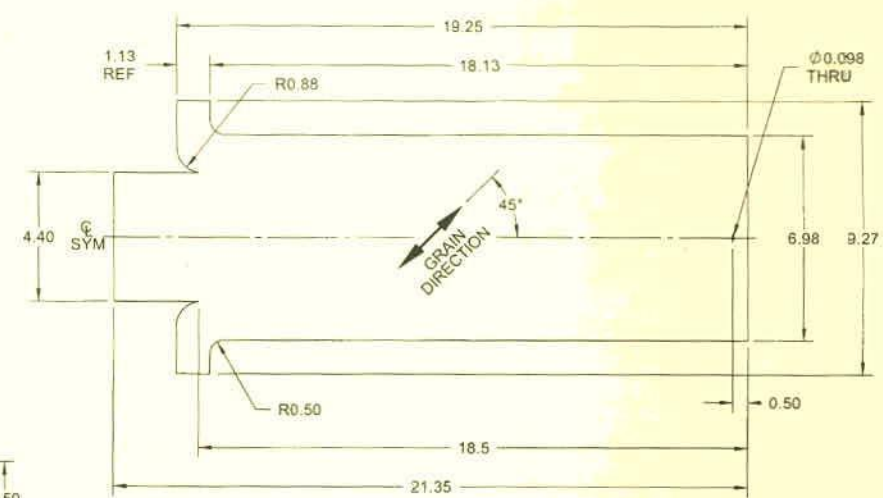
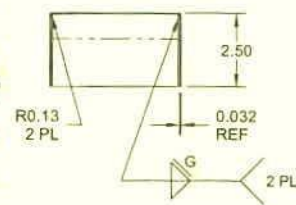
| REV | DESCRIPTION | BY | DATE |
|------------|---|--|--------------|
| D | REVISED IAW TULMAR SAFETY SYSTEMS INC.'S MANUFACTURING PROCESS AND TOLERANCES ON FABRIC. REASON: SEE PAR#09-011. | MB | 10.04.27 |
| C | REDRAWN PREMIER AVIATION DRAWING IAW DART QSI 018 AND QSI 043. 4.38 WAS 4.25. FOR PREVIOUS REVISIONS, REFER TO SHEETS 8 AND 25 OF PREMIER AVIATION DRAWING No. B67-43001. REASON: SEE PAR#09-011. | MB | 09.02.11 |
| DESIGN | RW | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| DRAWN | JP | | |
| CHECKED | JP | DRAWING NO | REV. D |
| MFG. APPR. | JP | B67-43001-69 | SHEET 1 OF 2 |
| APPROVED | JP | TITLE | SCALE |
| DE APPR. | N/A | 90° COVER PLATE | NTS |
| DATE | 10.04.27 | COPYRIGHT © 1995 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMERCE TO ANY OTHER PERSON OR ENTITY WITHOUT THE WRITTEN PERMISSION FROM DART AEROSPACE LTD. | |

92087



B67-43001-69B BENDING DETAIL
(MAKE FROM B67-43001-69F)

1.35
REF
DAS
22
2.80
12.11.06



B67-43001-69F FLAT PATTERN

- NOTES:**
- 1) MATERIAL: 6061-T6 (OR 6061-T62) ALUMINUM SHEET, 0.032 THICK
PER AMS-QQ-A-250/11 OR AMS 4025/4027
REF. DART SPEC. M6061T6S.032 OR ASTM B209
 - 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT GREEN SANDTEX (4.3.5.8) PER DART QSI 005 4.3
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
 - 6) IDENTIFICATION: IDENTIFY WITH DART P/N "B67-43001-69B" USING FINE POINT PERMANENT INK MARKER
 - 7) WEIGHT: 0.45 lbs

RELEASED
2010-09-16

| | | | |
|--|----------|--|--------------|
| DESIGN | RW | DART AEROSPACE LTD | |
| DRAWN | | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | | DRAWING NO. | REV. D |
| MFG. APPR. | | B67-43001-69 | SHEET 2 OF 2 |
| APPROVED | | TITLE | SCALE |
| DE APPR. | N/A | 90° COVER PLATE | NTS |
| DATE | 10.04.27 | COPYRIGHT © 1995 BY DART AEROSPACE LTD | |
| THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT THE WRITTEN PERMISSION OF DART AEROSPACE LTD. | | | |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18393

Purchase Order Date 11/13/12

PO Print Date 11/13/12

Page Number 1 of 2

Order From :

VC-TUL001

TULMAR SAFETY SYSTEMS
1123 CAMERON ST
HAWKESBURY, ON K6A 2B8
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

613 632 1282

613 632 2030

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED

| Line Nbr | Reference Revision ID Vendor Part Number | Description/ Mfg ID | Req Date/ Taxable | Req Qty/ Unit of Measure | Ship Method | Unit Price | Extended Price |
|----------|--|--|----------------------|-----------------------------|-------------|------------|-------------------|
| 1 | 92087 | PB67-43001-69 90 DEG. COVER PLATE | 11/30/12 Yes | 12.00 | Dart Truck | \$150.0000 | \$1,800.00 |
| | | Special Inst: FOAM AND FABRIC AS PER DWG.PB67-43001-69 | | | | | |
| 2 | 92084 | PB67-43001-73 20 DEG. COVER PLATE | 11/30/12 Yes | 12.00 | Dart Truck | \$130.0000 | \$1,560.00 |
| | | Special Inst: FOAM AND FABRIC AS PER DWG.PB67-43001-73 | | | | | |
| 3 | 90819 | PB67-43001-83 D-PAD ASSEMBLY | 11/30/12 Yes | 25.00 | Dart Truck | \$50.0000 | \$1,250.00 |
| | | Special Inst: FOAM AND FABRIC AS PER DWG.PB67-43001-83 | | | | | |

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required **YES** NO

Change Nbr:

1

Change Date: 11/13/12

PACKING SLIP

TULMAR

Tulmar Safety Systems Inc.
1123 Cameron Street
Hawkesbury, ON K6A 2B8 CA
Tel: 613-632-1282
Fax: 613-632-2030
MID : XOTULSAF1123HAW
eMail: thfb@tulmar.com

Packing Slip No.

46431

Ship Date

7-Jan-13

Bill To:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7. Canada

Ship to:

Dart Aerospace
1270 Aberdeen Street
Call: Chantal Lavoie
Tel: 613-632-9577
Hawkesbury, ON K6A 1K7. Canada

| | | | |
|---------------------|-------------------------|-----------------------|-------------------------------|
| Order number | Sales order date | Account number | Account manager |
| 29528 | 14-Nov-12 | CDART100 | Helena Vandeweerd |
| PO number | Ship Via | Shipping Terms | |
| PO18393 | Pick-Up | FOB HAWKESBURY | |
| Item No. | Quantity ordered | UOM | Qty Shipped/Returned |
| Description | | | Quantity on back order |

8421-106
Dart Blade Fold Kit - Pad #7/
Drawing No: B67-43001-69 *J.M.*
DWG Rev: D
Line 1

Lot No: BATCH0000000007 Qty: 10

Shipper

Gil Reed

Date:

JAN 07 2013

Certificate of Conformance

☒ See Certification Enclosed

I hereby certify that the items listed hereon have been inspected, and / or tested (as applicable), conform to all specifications and requirements detailed in the contract or purchase order. Objective evidence to support this statement is on file, and can be made available upon request.
If any questions or concerns, please contact QA Manager @ 613-632-1282 ext. 245.

Authorized Inspector

Kerance Lanthier

Date:

JAN 07 2013



J. ENNIS FABRICS LTD.

Wholesale Distributor of Textiles and Supplies

August 31, 2012

Fax To: Tulmar Safety Systems

Fax: 613-632-2030

Attention: Meagan

EDMONTON
HEAD OFFICE
12122 - 68 Street
Edmonton, AB T5B 1R1
Canada
Phone: (780) 474-5721

Certificate of Conformance

Re: PO# 23876-00 for Oxford 7 Black

The goods shipped on P/O 23876-00 are as per sampled goods. Specification as follows:
As per mill documentation:

Oxford 7 Black is in compliance with the following standards:

Width: Product is 58 Inches Wide.

Roll Size: Average Roll Length is 76 Yards.

Weight: Product Weight is 6.79 Ounces per Sq.Yd. /Product Weight is 10.94 oz per Lin.Yd

Content: 100% Nylon

Coating: Product has a Polyurethane Coating (approximately 0.65 oz/ Sq.Yd. (18.5g/sq.yd.))

Denier: Yarn is 420 Denier.

Thread Count: Construction is 62 x 38 Threads per Square Inch

Protective Finish: Product is Water Repellent.

Hydro Resist: AATCC 127 (Suter): Average 800 mm

Piece # 107904351 Manufacture Date: 07/20/12, Lot Number: 412019

TORONTO
6300 Hurway Drive
Mississauga, ON L5T 2N3
Canada

CALGARY
2nd Floor, 337 - 17 Avenue SW
Calgary AB T2S 0A5
Canada

VANCOUVER
13911 Bridgeport Road
Richmond, BC V6V 1J6
Canada

MONTREAL
9280 boulevard du Golf
Anjou, QC H1J 3A1
Canada

Sincerely;
J. Ennis Fabrics Ltd.

C. Harris

Crystal Harris
Customer Service Center Team Lead/Supervisor

English: 1-800-66-ENNIS

Fax: (780) 479-6135
www.jennisfabrics.com

Français: 1-888-66-ENNIS

TSS 8421-106.

TSS 1495/B# 25 (SW)

**FAX**

E. F. WALTER INC.
5000 Hickmore
Montréal, Qué. H4T 1K6

TEL. 514-735-2211

FAX. 514-735-5351

CIE / CO.:

TULMAR SAFETY SYSTEMS INC.

DE / FROM : TONY FATA

ATTENTION

SANDRA NADEAU

FAX :

613-632-2030

PAGES

4

INCLUDING THIS PAGE

DATE

9/17/2008

MESSAGE

GOOD AFTERNOON;

ATTACHED IS THE CERTIFICATE OF COMPLIANCE WITH YOUR REQUEST FOR ITEM #742050005.

THE PRODUCT USES DOES HAVE FLAME RESISTANCE LISTED ON THE DATA SHEET. IT HAS A SERVICE TEMPERATURE (WILL NOT BREAK DOWN) BETWEEN -40 TO 250°F. IT ALSO PASSES UL94 STANDARDS. WE HAVE INCLUDED A LINK TO THEIR SITE.

smf

[HTTP://WWW.UL.COM/PLASTICS/FLAME.HTML](http://www.ul.com/plastics/flame.html)

PLEASE ADVISE IF FURTHER INFORMATION IS REQUIRED

BEST REGARDS,

B. ASSELIN FOR TONY FATA

FAX CONTROL.#



American & Efind Inc.
Post Office Box - 507
Mount Holly, NC -28120

Certificate of Compliance

Date: 3/23/2011

Mfg. Date: 3/27/2010

Lot Id: 705150

Quantity: 43

Product: Tex 90 BONDED 'Z' NYLON FILAMENT Black AA 63002 16 OZ

Specification: A-A-59826 TPII CLA F BT92N4 *Jm*

Customer Order Number: 17499-00

Plys (Visual): 4

Customer: Tulmar Safety Inc.

Twist Direction: Z

Shipped To: Tulmar Safety Inc.

A&E Color: 63002 Black
AA

Description: Bright, Continuous Multifilament Nylon, Melting Point >472F; Colorless Nylon Polymer Bond; Polypropylene Spools

| Characteristic | Test1 | Test2 | Test3 | Test4 | Test5 | Average | Minimum | Maximum |
|--|--------|-------|-------|-------|-------|---------|---------|---------|
| Strength #1 (Pound) | 15.2 | 15.7 | 15.6 | 15.7 | 15.8 | 15.6 | | |
| Strength #2 (Pound) | 15.4 | 15.1 | 15.2 | 15.4 | 14.8 | 15.2 | | |
| Average Strength (Pound) | | | | | | 15.4 | 11.8 | |
| Elongation #1 (Percent) | 20.5 | 22.4 | 21.8 | 22 | 21.8 | 21.7 | | |
| Elongation #2 (Percent) | 22.3 | 21.4 | 21.9 | 22.5 | 21.1 | 21.9 | | |
| Average Elongation (Percent) | | | | | | 21.8 | | 26 |
| Lube | | | | | | | | |
| | | | | | | Pass | Pass | |
| Twist S #1 (Turns per inch) | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | | |
| Twist S #2 (Turns per inch) | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | | |
| Average Twist S (Turns per inch) Initial Twist | | | | | | 12.2 | | |
| Twist Z #1 (Turns per inch) | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | | |
| Twist Z #2 (Turns per inch) | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | | |
| Average Twist Z (Turns per inch) Final Twist | | | | | | 8.1 | 5.5 | |
| Yield #1 (Yards/Pound) | 4211.8 | | | | | 4211.8 | | |
| Yield #2 (Yards/Pound) | 4114.7 | | | | | 4114.7 | | |
| Average Yield (Yards/Pound) | | | | | | 4163.2 | 3601 | 5200 |
| Laundry #1 (Grading Scale) | 5 | | | | | 5 | | |
| Laundry #2 (Grading Scale) | 5 | | | | | 5 | | |
| Average Laundry (Grading Scale) | | | | | | 5 | 3 | 5 |
| Dry Cleaning #1 (Grading Scale) | 5 | | | | | 5 | | |
| Dry Cleaning #2 (Grading Scale) | 5 | | | | | 5 | | |

TSS # 2530/50

| | | | | |
|---|---|---|-----|---|
| Average Dry Cleaning (Grading Scale) | | 5 | 3 | 5 |
| Perspiration #1 (Grading Scale) | 5 | 5 | | |
| Perspiration #2 (Grading Scale) | 5 | 5 | | |
| Average Perspiration (Grading Scale) | | 5 | 3 | 5 |
| Color Fastness to Light #1 (Grading Scale) | 5 | 5 | | |
| Color Fastness to Light #2 (Grading Scale) | 5 | 5 | | |
| Average Color Fastness to Light (Grading Scale) | | 5 | 3.4 | 5 |

I certify that the above test were performed under my supervision and in accordance with the specification test requirements and that the reported test results are true, valid and applicable to the samples tested. I further certify that these samples were the only samples tested from the lot of components identified above.

Signed : *Joseph D. Munday*
Joseph D. Munday
Testing Director

Note: This Certificate of Compliance is the property of American & Efire Inc. and may not be reproduced except in its entirety.

Save as PDF

TSS 2530/50 ²

FAXED
7-7-12

CLIFTON

Adhesive, Inc

Industrial Adhesives & Coatings

A Division of Royal Adhesives and Sealants

Date: 9/7/12

LA4009

Shipper #: 21841

Certificate of Compliance

This letter certifies that 44 x 5 gallon pails of LA4009 Polyurethane Adhesive,
lot number (s) 12-236 was shipped to you on 9/7/12. ****Drawing No: (Ref 10557979)**
****DWG REV: "A" S.M.J**

Clifton Adhesive, Inc manufactured this material according to internal specifications
which include quality control and assurance procedures. The material was
manufactured on 8/23/12 against your Purchase Order # 23716-00.

Shelf Life: 1 year from date of manufacture
Expiration Date: 8/23/13

This letter certifies that 34 x quart cans of CATUV Accelerator,
Lot number 12-229 was shipped to you on 9/7/12.

Clifton Adhesive, Inc manufactured this material according to internal specifications
which include quality control and assurance procedures. The material was
manufactured on 8/16/12 against your Purchase Order # 23716-00.

Shelf Life: 1 year from date of manufacture
Expiration Date: 8/16/13

Sincerely,

Daniel Constantino
Quality Assurance Mgr/ISO Coordinator

48 Burgess Place • Wayne, NJ 07470 USA
Phone: 973-694-0845 • Fax: 973-694-5678
www.cliftonadhesive.com

TSS 7122/54. (a)

